

CHAPTER 8

SECTION 6.1

CUSTODIAL CARE

Issue Date: May 9, 1989

Authority: [32 CFR 199.4\(e\)\(12\)](#)

I. DEFINITION

A. Custodial Care. Care rendered to a patient (1) who is disabled mentally or physically and such disability is expected to continue and be prolonged, and (2) who requires a protected, monitored, or controlled environment whether in an institution or in the home, and (3) who requires assistance to support the essentials of daily living (see [paragraph I.B.](#)), and (4) who is not under active and specific medical, surgical, or psychiatric treatment that will reduce the disability to the extent necessary to enable the patient to function outside the protected, monitored, or controlled environment. A custodial care determination is not precluded by the fact that a patient is under the care of a supervising or attending physician and that services are being ordered and prescribed to support and generally maintain the patient's condition, or provide for the patient's comfort, or ensure the manageability of the patient. Further, a custodial care determination is not precluded because the ordered and prescribed services and supplies are being provided by an RN, LPN, or LVN.

NOTE: The determination of custodial care in no way implies that the care being rendered is not required by the patient; it only means that it is the kind of care that is not covered. A program of physical and mental rehabilitation which is designed to reduce a disability is not custodial care as long as the objective of the program is a reduced level of care.

B. Essentials of Daily Living is care that consists of providing food (including special diets), clothing, and shelter; personal hygiene services; observation and general monitoring; bowel training or management; safety precautions; general preventive procedures (such as turning to prevent bedsores); passive exercise; companionship; recreation; transportation; and such other elements of personal care that reasonably can be performed by an untrained adult with minimal instruction or supervision.

II. POLICY

Benefits are not available for services related to a custodial care case, with the following specific exceptions:

A. Prescription drugs and medicines, medical supplies and durable medical equipment. Benefits are payable for otherwise covered prescription drugs and medicines, medical supplies and durable medical equipment, even if prescribed primarily for the purpose of making the person receiving custodial care manageable in the custodial environment.

B. Nursing services, limited. Recognizing that even though the care being received is determined primarily to be custodial, an occasional specific skilled nursing service may be required. When it is determined such skilled nursing services are needed, benefits may be extended for 1 hour of nursing care per day.

C. Physician services, limited. Recognizing that even though the care being received is determined primarily to be custodial, occasional physician monitoring may be required to maintain the patient's condition. When it is determined that a patient is receiving custodial care, benefits may be extended for up to twelve physician visits per calendar year (not to exceed one per month).

D. Payment for prescription drugs, medical supplies, durable medical equipment and limited skilled nursing and physician services does not affect custodial care determination. The fact that benefits are extended for prescription drugs, medical supplies, durable medical equipment and limited skilled nursing and physician services in no way affects the custodial care determination if the case otherwise falls within the definition of custodial care.

E. Exception to custodial care exclusion, admission to a hospital. Benefits may be extended for otherwise covered services or supplies directly related to a medically necessary admission to an acute care general or special hospital if the care is at the appropriate level and meets other requirements of 32 CFR 199.

III. POLICY CONSIDERATIONS

Medically necessary admission to an acute care hospital relating to custodial care, see Chapter 6, Section 2.4.

IV. POLICY REAFFIRMED August 10, 1997.

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